



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

RUE
ES

**Request
for
Continued Examination (RCE)
Transmittal**

Address to:
Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Application Number	10/596,890-Conf. #1920
Filing Date	June 28, 2006
First Named Inventor	Jason D. Bonk
Art Unit	1625
Examiner Name	Rita J. Desai
Attorney Docket Number	C1271.70083US01

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.

Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

1. Submission required under 37 CFR 1.114		Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s).							
<p>a. <input checked="" type="checkbox"/> Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.</p> <p>i. <input type="checkbox"/> Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____</p> <p>ii. <input checked="" type="checkbox"/> Other <u>Response filed June 1, 2010</u></p>									
<p>b. <input checked="" type="checkbox"/> Enclosed</p> <table> <tr> <td>i. <input type="checkbox"/> Amendment/Reply</td> <td>iii. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)</td> </tr> <tr> <td>ii. <input type="checkbox"/> Affidavit(s)/Declaration(s)</td> <td>iv. <input checked="" type="checkbox"/> Form PTO-1449; Copies of References</td> </tr> <tr> <td></td> <td>Other <u>Cited; Fee Transmittal</u></td> </tr> </table>				i. <input type="checkbox"/> Amendment/Reply	iii. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)	ii. <input type="checkbox"/> Affidavit(s)/Declaration(s)	iv. <input checked="" type="checkbox"/> Form PTO-1449; Copies of References		Other <u>Cited; Fee Transmittal</u>
i. <input type="checkbox"/> Amendment/Reply	iii. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)								
ii. <input type="checkbox"/> Affidavit(s)/Declaration(s)	iv. <input checked="" type="checkbox"/> Form PTO-1449; Copies of References								
	Other <u>Cited; Fee Transmittal</u>								
2. Miscellaneous									
<p>a. <input type="checkbox"/> Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)</p> <p>b. <input type="checkbox"/> Other _____</p>									
3. Fees									
<p>a. <input checked="" type="checkbox"/> The Director is hereby authorized to charge the following fees, any underpayment of fees, or credit any Overpayments, to Deposit Account No. <u>23/2825</u></p> <table> <tr> <td>i. <input type="checkbox"/> RCE fee required under 37 CFR 1.17(e)</td> <td>08/12/2010 JADD01 00000063 10596890</td> </tr> <tr> <td>ii. <input type="checkbox"/> Extension of time fee (37 CFR 1.136 and 1.17)</td> <td>01 FC:1881 810.00 OP</td> </tr> <tr> <td>iii. <input type="checkbox"/> Other _____</td> <td></td> </tr> </table>				i. <input type="checkbox"/> RCE fee required under 37 CFR 1.17(e)	08/12/2010 JADD01 00000063 10596890	ii. <input type="checkbox"/> Extension of time fee (37 CFR 1.136 and 1.17)	01 FC:1881 810.00 OP	iii. <input type="checkbox"/> Other _____	
i. <input type="checkbox"/> RCE fee required under 37 CFR 1.17(e)	08/12/2010 JADD01 00000063 10596890								
ii. <input type="checkbox"/> Extension of time fee (37 CFR 1.136 and 1.17)	01 FC:1881 810.00 OP								
iii. <input type="checkbox"/> Other _____									
<p>b. <input checked="" type="checkbox"/> Check in the amount of \$ <u>810.00</u> enclosed</p> <p>c. <input type="checkbox"/> Payment by credit card (Form PTO-2038 enclosed)</p>									

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Signature		Date	August 10, 2010
Name (Print/Type)	C. Hunter Baker, M.D., Ph.D.	Registration No.	46,533

Certificate of Mailing under 37 CFR § 1.8(a)

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: August 10, 2010

Signature: